

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN: DISTRICT OF NEW YORKFABIAN, PARISH
(B & C# 3491604443)

(In the space above enter the full name(s) of the plaintiff(s).)

CV 16 - C256
COMPLAINT

-against-

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)THE CITY OF NEW YORK, WARDEN Ada
Presley, In Her Official Capacity;Capt. Strecalkov Sheild #1237, In
His Official Capacity; and C/O
Lozada sheild #14078, In His
Official Capacity.Jury Trial: ☒ Yes ☐ No
(check one)**DeARCY HALL, J.**BLOOM, M.J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

FILED
IN CLERK'S OFFICE
U S DISTRICT COURT E.D.N.Y.

★ NOV 19 2016 ★

BROOKLYN OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Fabian ParishID # 3491604443Current Institution RNDC FACILITYAddress 11-11 HAZEN STREET, EAST ELMHURST, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name THE CITY OF NEW YORK Shield # _____Where Currently Employed NYC GOVERNMENTAddress 100 CHURCH STREET, NEW YORK, NY 10007

Defendant No. 2 Name WARDEN (Ada Presley) RNDC FAC Shield # _____
Where Currently Employed RIKERS ISLAND CORRECTIONS
Address 11-11 HAZEN STREET, East Elmhurst, Ny 11370

Defendant No. 3 Name (RNDC CAPT. STRECALKOV) Shield # 1237
Where Currently Employed RIKERS ISLAND CORRECTIONS
Address 11-11 HAZEN STREET, East Elmhurst, Ny 11370

Defendant No. 4 Name (CORRECTIONAL OFFICER LOZADA) Shield # 14078
Where Currently Employed RIKERS ISLAND (RNDC)
Address 11-11 HAZEN STREET
EAST ELMHURST, NY 11370

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
RNDC FACILITY, (C-74) MOD-2 NORTH, FRONT ENTRANCE BED, INERONT OF . .
BOTH CAMERA'S AND CORRECTIONAL OFFICER DEFENDANT # 4.

B. Where in the institution did the events giving rise to your claim(s) occur?
(SEE: ABOVE-(A))

C. What date and approximate time did the events giving rise to your claim(s) occur?
(SEE: ATTACHED EXHIBIT (A): MISBEHAVIOR REPORT)
(8-7-16) at 0920 Hrs.

D. Facts: [SEE: ATTACHED NATURE OF CLAIM][1 of 1 Pages]

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

[Head Injuries, Body Injuries, Mental Anguish, Infliction of Emotional Duress, Eye's and Rib pain].

Refused my request for medical treatment with false statement that no report would be issued against me, yet, he would get moved and written up.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes XX No Assaulted, so I was in fear of retaliation if I detailed this cover-up, so, i'm asking this Court to grant extraordinary circumstances, waiver, as this is a cover-up factured report and Assault. [THE VIDEO MAIN FRAIM COULD BE ACCESSED].

EASTERN DISTRICT OF NEW YORK

42 U.S.C. §1983

Attached To Page 3.

NATURE OF CLAIM

In Short, inside of (RNDC) facility, on 8/7/2016, at approximately 0920 Hrs, and infront of numerous inmates watching. Inmate Morgan Shuler, (B & C# 241-15-08250), On Dorm MOD-2 NORTH, Attacked Me, as I was sitting on the edge of my bed. When he hit me, I fell back onto the bed, suprised, and he locked my knees down with his legs, hitting me in the face and body, over me. All I could do is cover myself.

As he was doing this, and when he started this, A C/O Lozada was looking at the complete event. Infact, this took place infront of the door entrance and C/O's table, as it was beds (1) & (2). Yet, the camera was completely infront of this event. Including, the (A) Officer's window and C/O Richardson (Female was looking.

After the Officer screamed for Mr. Shuler to stop over and over again and threatened to stray him, he backed off. I was placed in the hall-way.

Upon a Captain Strecalkov #1237 comming. C/O Richardson told the Captain to move me. On 8/10/16, at 0605, I was served with a mis-behavior report. (SEE: ATTACHED EXHIBIT (A): Upon my getting the report, I was suprised to see the complete event changed and it was made to look as if we were fighting, and that I was not attacked. I could not understand how this happened as the camera was right in front of the Attack. I, Parish Fabian (349-16-04443), declare under penalty of perjury that the foregoing is true and correct. 28 USC 1746

I am with Witness'es as follows:

WITNESS: # 1 _____

WITNESS: # 2 _____

Fabian Parish
SIGNATURE
Mr. Fabian Paris

EXECUTED THIS 7 DAY OF OCTOBER, 2016
Fabian Parish
SIGNATURE

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RND C FACILITY

***RIKERS ISLAND* (C-74)**

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes **XX** No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No **XX** Do Not Know _____ This jails grievance operation is not running correctly, per-directive.

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No **XX**

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? I was afraid to do so, as this cover-up and changing of event's, clearly on tape, in front of a C/O was something I have never dealt with.

Yes _____ No **XX**

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: Told Infermary Investigators:
I addressed the MOD-2 (A) OFFICER RICHARDSON, TOLD THE HEARING
OFFICER, TOLD THE CAPTAIN WHO SERVED REPORT, I DIDN'T DO ANY-
THING, TOLD THE ESCORTS, CAPTAIN ETC., DAY OF INCIDENT, PLUS,
EVERYONE KNOWS THAT TRUTH, THE COMPLETE DORM WITNESS'ED IT,
PLUS THE OFFICER CONTINUED TO TREATEN TO SPRAY MORGAN.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I was moved, I was attacked and I am the victim who was beaten
infront of a Police Officer. This Inmate is seriously, Mentally Ill, and
has repeatedly assaulted other inmates, destroyed property of others
for officers, and has been moved and returned, to be the Police Officers
(A) Porter, eye's and ears. He's facing (25) to Life for murder and added
to his being mentally ill, Security and mental health are also responsible
for my assault. Yet, once they fabricated an assault event, that was on
camera, and attacked me afterwards, this is more serious then appears.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). FOR CONSPIRACY TO COVER-UP AN ASSAULT
42 USC §1985(3), \$1.000.000.00, FOR CRUEL & UNUSUAL PUNISHMENT AND
VIOLATING CONTEMPORARY STANDARDS OF DECENCY, NEGLIGENCE 8Th Amend-
ment Violation, Including failure to protect inmates from assault,
\$1.000.000.00, For denial of medical treatment by, Ministerial
Negligence, for false reports, and manufactured Medical Evalua-
tion and incident reports, \$1.000.000.00 Dollars, For a Total of
\$3.000.000.00 Dollars.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? NO
 Yes ___ No XX

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7th day of October, 20 16
November

Signature of Plaintiff

Inmate Number

Institution Address

FABIAN PARISH

Fabian Parish 349-16-04443

[RNDG FACILITY : RIKERS ISLAND]

11-11 HAZEN STREET, EAST ELMHURST

NY 11370.



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7th day of November, 20 16, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Eastern District of New York.

Signature of Plaintiff:

Fabian Parish

Fabian, Parish
349-16-04443

		CORRECTION DEPARTMENT CITY OF NEW YORK			
REPORT AND NOTICE OF INFRACTION				Form: 6500A Rev.: 08/04/15 Ref.: Dir. #6500R-C	
Infraction #:	Institution: RNDC	Date of Incident: 8-7-16	Time Infraction Written: 0935hrs	Date of Report: 8-7-16	
Inmate Name (Last, First): PARISH FABIAN		B&C/ Sentence #: 349-16-04443		Inmate #:	
Location of Incident (Be Specific): Mod 2 NORTH			Housing Area Location: Mod 2 North	Approximate Time of Incident: 0920 Hrs.	
Charge # 101.17	Offense INMATE ON INMATE FIGHTING	Charge #	Offense		
Reporting Official (Print Name, Rank and Shield #): Lozada C.O. 14078		Reporting Official (Signature): Lozada			
Details of Incident (Include details as to How, When and Where Infraction was Committed): ON August 7, 2016 At APPROX. 0920 HRS., I, C.O. Lozada #14078 assigned to the Mod 2 B post on the 0700x1531 HRS. tour observed inmates Parish Fabian B/C 349-16-04443/09298577L and Shuler Morgan B/C 241-15-08250/04463055Y involved in an inmate to inmate fight in Module 2 North. This writer gave several direct verbal orders to both inmates to stop fighting or chemical agent will be used to which said inmates complied. Inmate Parish Fabian was separated and escorted out to the A and B area. Probe team arrived and escorted both inmates out of the area without further incidents. No force was used by this writer in this incident. Area supervisor was notified.					
You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.					
At your hearing you have the following rights:					
<ol style="list-style-type: none">1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive.2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify.3. Right to present material evidence.4. Right to present witnesses.5. Right to the assistance of a Hearing Facilitator.6. Right to an Interpreter if you cannot communicate well enough in English.7. Right to appeal.					
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:					
<ol style="list-style-type: none">1. Reprimand.2. Loss of privileges.3. Loss of good time if you are a sentenced inmate.4. Punitive segregation for up to thirty (30) days per each applicable individual charge.5. Restitution for intentionally damaging or destroying City property.					
A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.					
Interpreter Requested:		<input type="checkbox"/> Yes (If yes, include what language)		<input checked="" type="checkbox"/> No	
Hearing Facilitator Requested:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Witness(es) Requested:		<input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff).		<input checked="" type="checkbox"/> No	
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		B&C Number:		Location:	
Witness (Print Name):		Shield/ID Number:		Post:	
I certify that I received a copy of this notice:		Signature of Inmate: P		Date: 08/10/16	
by (Print Name, Rank and Shield #): TRELAWAY Capt. H1237		Signature of Server: C. Stehlikov		Time: 0605	
Sign for Notice:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Witnessed By:		B			